

Sample Agreement for Supervision

I, _____, agree to provide supervision for the school health nursing
(*Registered Nurse/Physician*)
activities of _____ for the period of
(*Licensed Practical Nurse*)
_____ (year) to _____ (year).

Attach a list of responsibilities for the RN/Physician and LPN involved in this agreement. (See Appendix C.2 and Appendix C.3).

Identify the established guidelines, e.g., *American Red Cross First Aid Manual*, as the “protocol” to be used in dealing with illness and injury, or write protocols, stating at what point the LPN should consult with the supervising professional.

Identify the procedures the LPN is to follow for different aspects of the program. The district’s *Health Services Policies and Procedures* can serve this purpose.

Supervising professional agrees to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all regulations promulgated thereunder including any amendments.

Agreement must be signed by the Licensed Practical Nurse and the supervising professional.

Registered Nurse/Physician Date

Licensed Practical Nurse Date